

R.I. Department of Public Safety Municipal Police Academy In-service Training Application

BATTLEFIELD TO STREET

Please Print Clearly				
Course Title:		Police Department/Agency: (name and full address)		
Battlefield to Street				
Course Dates/Location:	Contact Person (Supervisor):		Department/Business Phone:	_
Tuesday March 23, 2010	Contact 1 crson (Supervisor).		Department Business Thore.	
RI Municipal Police Academy				
RSVP by Friday March 16, 2010				
(print clearly)				
PARTICIPANT(S) NAME & RANK				
(please include e-mail address)				
1 st Selection:				
E-Mail Address:				
2 nd Selection:				
2 Selection.				
E-Mail Address:				
Additional Selections (if available)				
Fax, or e-mail this completed form to:				
Rhode Island Municipal Police Academy				
Community College of Rhode Island				
Att: Mrs. Donna Lavallee, dlavallee@rimpa.dps.ri.gov				
1762 Louisquisset Pike				
Lincoln, RI 02865				
O d O DI H d DD (DA CC		: (401) 722-3151		
Ouestions? Please call the RIMPA office at (401) 722-5808.				